

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on September 29, 2003.

## **I. DISPUTE**

Whether there should be reimbursement for out-of-pocket expenses for prescription medications for date of service September 12, 2003.

## **II. RATIONALE**

An EOB was submitted with the request for additional information by the requestor. The explanation code used on the EOB was "U301 – This item was previously submitted and reviewed with notification of decision issued to payor/provider (Duplicate Invoice). (U301); the respondent did not submit any EOBs; therefore, this dispute will be review as a general fee dispute.

- Celebrex, 200mg; Valium, 2mg; Tizanidine, 2mg; and Zoloft, 50 mg for date of service 9/12/03- The requestor submitted receipts showing requestor has paid for this medication. Per the Texas Workers Compensations Commission Act 401.011(19)(E) and (31)(A) reimbursement in the amount of \$253.46 is recommended.

## **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for out-of-pocket expenses for prescription medication in the amount of \$253.46. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$253.46** to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30th day of December 2003.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf